MARIPOSA COUNTY DEPARTMENT OF HUMAN SERVICES

BY: Cheryle Rutherford-Kelly

PHONE: 966-2442

RECOMMENDED ACTION AND JUSTIFICATION:

SEE ATTACHMENT

BACKGROUND AND HISTORY OF BOARD ACTIONS:

SEE ATTACHMENT

ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:

SEE ATTACHMENT

COSTS:

(X) Not Applicable

A. Budgeted CURRENT FY $__________
B. Total anticipated costs $__________
C. Required add’l funding $__________
D. Internal transfers $__________

SOURCE: ( ) 4/5’s vote required

A. Unanticipated revenue $__________
B. Reserve for Contingencies $__________
C. Source description: ________________________________

Balance in Reserve for Contingencies, if approved: $__________

SPECIAL INSTRUCTIONS:

List the attachments and number pages accordingly:

Page One, Memo to the Board

CLERK’S USE ONLY:

Resolution No.: 02-383

Ordinance No.: ________

Vote: Ayes: _____ Noes: _____

Absent: ___ Abstain: ___

( ) Approved ( ) Denied

( ) Minute Order attached.

( ) No Action Necessary.

The foregoing instrument is a correct copy of the original on file in this office.

Date: __________________________

MARGIE WILLIAMS
Clerk of the Board,
County of Mariposa,
State of California

BY: __________________________

Deputy
October 2, 2002

TO: Members, Board of Supervisors
FROM: Cheryle Rutherford-Kelly
RE: Child Abuse Prevention Council/Children's Trust Fund

RECOMMENDATION

It is respectfully recommended that your Board review the Community Based Family Resource Support (CBFRS) proposal from Miwu Mati and approve funding to conduct the annual Gathering of Native Americans (GONA).

BACKGROUND

The Child Abuse Prevention Council and Human Services recently recommended that the Miwu Mati (Mariposa branch of the MACT Indian Health Board) receive funds to help support their prevention program teaching healthy traditions and values to Native American teens. The Mariposa GONA has been an annual event since 1998 and has received CBFRS funding since its inception. The Federal Department of Justice and the American Indian Training Institute have historically provided additional funding to support this project.

Your Board requested additional information regarding the amount of the funding request.

CURRENT SITUATION & FINANCIAL

Miwu Mati applied for $10,000 annually from the 2002-05 CBFRS allocation ($10,000 x 3 years = $30,000). This grant request was to provide a four-day GONA for teens and additional monthly events for younger children.

The funding application requested 200 hours of labor @ $50 per hour (200 x $50 = $10,000 per year). This $50 per hour was intended to cover the cost of four employees at approximately $12.50 per hour. These four individuals coordinate and facilitate the event.

This Department recommended less than $10,000 per year simply because other organizations also needed your support. The reduced recommendation of $4,000 annually would be used to support staff expenses for the coordination and facilitation of the four-day GONA. Four employees would be paid at approximately $12.50 per hour for a maximum of 80 hours each. The Miwu Mati will pursue additional funding to support the annual GONA.

This funding has been included in the current budget and does not require budget action.
# Mariposa County Community Action Programs

## 2002-2005

### Community Based Family Resource Support (CBFRS) Program

Funding Requested By: M. A. C. T. Health Board, Inc. / MiwuMati Healing Center

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**Please introduce the organization and state its mission.**

The primary mission of the M.A.C.T. health Board, Inc., is to improve the health status of the American Indian/Alaskan Native population to the highest level through provision of public health, primary and prevention services.

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**Provide a description of the program funding is being requested for.**

The funding will provide for a four (4) day GONA (see Attachment) for youth 11-18 And monthly sweat lodge ceremony for youth 0-12 years and their families. Traditional methods of healing will be used to address issues of child abuse, addiction, and domestic violence.

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**What is the goal(s) of the program? Who will be served?**

The goal of this program is to strengthen Native American families and the community by providing a four day GONA for ages 11-18, a one day GONA for ages 8-11, and a half day session for ages 3-5 and 5-8 as well as monthly sweat ceremonies for ages 0-12. Teens participating in the four day GONA will assist in facilitating the GONA for the younger youth. Parents will be encouraged to participate in all of these activities to increase positive family relationships.

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**Please provide a brief history of the program, including the number of clients served.**

The M.A.C.T. Health Board was established in 1969 at the Tuolumne Rancheria to provide services for all American Indians and their family members who live in the counties of Mariposa, Amador, Calaveras, and Tuolumne. Our services are conducted in an atmosphere that respects and supports Native American traditions, values and beliefs. The MiwuMati healing Center was established in 2001 to provide mental health and substance abuse counseling as well as prevention. The GONA has developed from a two day training to three days and now four days with the addition of tribal facilitators.

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**Is the organization public or private? If private, does it possess a 501 (c) (3)? If so, please attach letter.**

The M.A.C.T. Health Board is a 501 (c) (3) corporation

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**How much funding is being requested annually? Please complete the Funding Application Budget Form.**

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**Does the organization have internet capability?**

YES. E-mail bleonard@crihb.ihs.gov
# Funding Application Budget Form

(Please use this form or provide budget information that is consistent with the categories below).

<table>
<thead>
<tr>
<th>EXPENSES</th>
<th>NARRATIVE (where necessary for purposes of clarification)</th>
<th>IN-KIND</th>
<th>BUDGET TOTALS</th>
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</thead>
<tbody>
<tr>
<td><strong>PERSONNEL:</strong></td>
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<tr>
<td>Salaries</td>
<td>Provide 200 hrs service $50.00/hr</td>
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<td>$10,000.00</td>
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<td>Salaries</td>
<td>Additional position</td>
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<td>Salaries</td>
<td>Additional position(s)</td>
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<td>Total Benefits</td>
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<tr>
<td>Contracted Services</td>
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<td><strong>TOTAL PERSONNEL</strong></td>
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<td><strong>OPERATING COSTS:</strong></td>
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<tr>
<td>Office/Project Supplies</td>
<td>ALL operating costs will be paid by M.A.E.T</td>
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<td>Equipment &amp; Software</td>
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<td>Property/Rent</td>
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<td>Travel/Training</td>
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<td>Utilities and Phone</td>
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<td>Educational Materials</td>
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<td>Liability/Other Insurance</td>
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<td>Postage and Shipping</td>
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<td>Meetings and Events</td>
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<td>Publications/ Promotion</td>
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<td>Evaluation Costs</td>
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<td>Other Expenses</td>
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<td><strong>TOTAL NON-PERSONNEL</strong></td>
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<td><strong>TOTAL BUDGET</strong></td>
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Grant Funding Application

Funding Application Budget Form

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<td><strong>PERSONNEL:</strong></td>
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<tr>
<td>Salaries</td>
<td><em>200 hrs service 50.00 pr hr - per year</em></td>
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<td>$3000.00</td>
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<td>Salaries</td>
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<td>Additional position</td>
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</table>

| **OPERATING COSTS:**          |                               |         |               |
| Office/Project Supplies       |                               |         |               |
| Equipment & Software          | *M.A.C.T will pay all operating costs for the project* |         | $9000.00      |
| Property/Rent                 |                               |         |               |
| Travel/Training               |                               |         |               |
| Utilities and Phone           | *Approx. 3000 pr yr*          |         |               |
| Educational Materials         |                               |         |               |
| Liability/Other Insurance     |                               |         |               |
| Postage and Shipping          |                               |         |               |
| Meetings and Events           |                               |         |               |
| Publications/ Promotion       |                               |         |               |
| Evaluation Costs              |                               |         |               |
| Other Expenses                |                               |         |               |
| Other Expenses                |                               |         |               |
| **TOTAL NON-PERSONNEL**       |                               |         |               |

**TOTAL BUDGET**: $30000.00